DIAPHRAGM CONSENT

Clie	lient Name				
I understand that the diaphragm is a dome-shaped rubber cup that works by covering the opening of the cervix and holding a sperm killing cream or jelly (spermicide) in place. I understand that about 20% of women using the diaphragm will become pregnant during the first year of use. I can increase the effectiveness of the diaphragm by having my partner use condoms. The advantages of the diaphragm include: It can be left in for 24 hours after sex; there are fewer side effects than with other birth control methods. I also understand that if I want to discontinue this method, I just stop using it. If I do not wish to become pregnant, I must start using another method immediately.				n by sex; e this	
l kı	know that I need to do the following	for the diaphragm to we	ork:		
•	Use it every time I have sex.				
•	Use spermicide with the diaphragm	and add more cream or jo	elly to the vagina for each additional act of se	x.	
•	Leave the diaphragm inside my vag hours.	gina for at least 6 hours af	ter the last time I have sex but for no longer the	han 24	
• Check the diaphragm before I use it to make sure it has no holes, cracks, weak spots of I understand that I should come back to the clinic and have the size of my diaphragm					
•	Pregnancy				
•	Abortion or a miscarriage				
•	Pelvic surgery				
• Lose or gain 10 or more pounds I understand that problems or side effects of the diaphragm include:					
•	Problems putting it in or taking it ou	t.			
•	Allergy to the rubber or the spermic	ide.			
 Vaginal or urinary tract infections. I understand that I should call the clinic immediately if I notice: 					
Unusual vaginal discharge, itching, irritation or frequent vaginal infections.			al infections.		
Painful urination or frequent bladder/urinary tract infections.					
Pain or cramping when the diaphragm is in place or problems using the diaphragm.					
•	Signs or symptoms of Toxic Shock Syndrome, which include: sudden high fever, vomiting/diarrhea, dizziness, sore throat, aching muscles, and rash (like a sunburn).				
This acknowledges that I have been given the opportunity to review the information on this and other methods of birth control. I understand the risks and benefits of each method. I have had the opportunity to ask questions, and have had them answered to my satisfaction.					
Clie	ient's Signature	Date	Witness' Signature	Date	
INTERPRETER'S STATEMENT					
rea	I have translated the information and advice presented orally to the client who has chosen a diaphragm. I have also read this consent to her in a language she understands and explained its content to her. To the best of my knowledge and belief she understands this explanation and voluntarily consents to the use of the diaphragm.				
Interpreter's Signature Date					